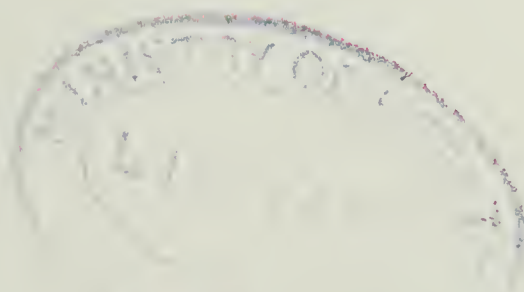


CITY OF



LANCASTER

6070



ANNUAL REPORT

OF

THE MEDICAL OFFICER OF HEALTH

AND

THE SENIOR SANITARY INSPECTOR,

FOR THE YEAR ENDED 31st DEC.,

1952

CITY OF



LANCASTER


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THE MEDICAL OFFICER OF HEALTH
FOR THE YEAR ENDED 31st DEC.,

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R. W. FARQUHAR, B.Sc.(Agri.), M.B., Ch.B., D.P.H.



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(appointed 1st July, 1952)

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Public Health Department,
Thurnham Street,
Lancaster.

TO THE CHAIRMAN AND MEMBERS OF
THE PUBLIC HEALTH COMMITTEE

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the health services of the City during 1952. I took up my duties as Medical Officer of Health on 1st July, 1952, in succession to Dr. J. A. Tomb.

The report has been compiled on the lines laid down by the Ministry of Health and, in compliance with the Minister's instructions, the section dealing with the general provision of health services in the area has been restored and considerably expanded.

The first section of the report is as usual largely statistical in character, and included are various tables relating to birth and death rates. It is necessary, perhaps, to point out that in considering statistics of this nature it is very easy to arrive at fallacious conclusions, and accurate comparisons as between different years, areas, etc., can only be made after the elimination or standardisation of population variables.

For the first time since 1947 the birth rate in the City has ceased to decline. The adjusted birth rate in 1952 at 16·5 per 1,000 of the population exceeded the rate (15·3) for England and Wales.

Total deaths again showed a small increase over the previous year. Since 1948 the death rate has increased slightly each year, but this is explained by the increasing preponderance of deaths at ages over 65 years, which is directly related to the continued ageing of the population, so that a rise in the crude death rate is not unexpected.

During 1952, of the 738 infants born in this City, 32 failed to survive to their first birthday, equivalent to a mortality of 43 per 1,000 live births. The infant mortality rate in the Northern regions of the country continues to exceed that of more favourable areas, and of England and Wales as a whole.

One maternal death occurred in the year under review.

In Section " B " mention is made of the various health services generally available in the area. A brief review of those health and welfare services provided by the County Council is provided together with detailed information concerning local clinic facilities.

There was no undue prevalence of infectious disease in 1952. In Section " C " of the report will be found certain observations on the various diseases, and I would draw attention in particular to the continued need for diphtheria immunisation to be maintained at a high level. It is gratifying to record a reduction in the number of deaths ascribed to respiratory tuberculosis which, at seven, represents the lowest figure yet attained in the City of Lancaster.

The sanitary circumstances of your area are fully reported upon by the Senior Sanitary Inspector in Section " D." The inspection and supervision of food occupies a considerable portion of the time of the sanitary inspectors, and during 1952 food traders and manufacturers were persuaded to carry out a greater number of improvements to their premises and equipment than in the previous year. Nevertheless, the control of food is far from perfect and the standards of cleanliness accepted by the public in food premises generally are far too low.

Housing continues to be a serious problem. One hundred and one new houses were built in 1952 as against 83 in the previous year. Although the revised waiting list of applicants for Corporation houses now provides a more accurate reflection of true housing needs, the number of applicants having been markedly reduced, it is apparent that several hundred families living in rooms are perforce condemned to further years of misery and frustration before they can hope to secure the privacy of a home of their own with adequate amenities necessary for the upbringing of a family. No progress has been made in arresting the alarming rate at which existing houses fall into disrepair and decay, nor does it seem possible that this can be done under present economic conditions without a radical change in government policy.

In July, 1952, the City Council approved an alteration in the system by which Corporation houses are allocated to new tenants. Under the new housing points scheme your medical officer is required to assess those cases claiming points on health grounds. Where tuberculosis is found to be the grounds on which such a claim is made the advice of the local chest physician, Dr. C. V. Stevenson, is sought and his helpful co-operation in these cases has been much appreciated. Highest priority amongst those requiring medical assessment is given to families where there is a risk of children becoming infected by a case of tuberculosis in the household.

The basis of all public health is still environmental hygiene, a service which the community nowadays tends to take for granted. Since the implementation of the National Health Service Act, there has been a tendency also to neglect environmental medicine, but the interest and responsibility of the medical officer of health is still of fundamental importance in all that relates to healthy environmental conditions. Mortality in the north is still fully 20% higher than in the south, and so long as environmental differences continue to exert such deleterious effects medical officers must continue, on behalf of the community, to control and co-ordinate the public health services.

I am grateful to the staff of the Health Department for the support given me, and wish to record my appreciation of the continued interest given by the Health Committee to the work of the Public Health Department.

Yours faithfully,

R. W. FARQUHAR,

Medical Officer of Health.

SECTION “ A ”

**STATISTICS AND SOCIAL
CONDITIONS OF THE AREA**

SUMMARY OF STATISTICS - 1952

Area (in acres)	5,036
Population (Registrar-General's Estimate) mid-year 1952 ...	50,590
Number of Inhabited Houses according to Rate Books ...	13,711
Rateable Value	£330,594
Sum represented by a Penny Rate	£1,336

LIVE BIRTHS	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	376	328	704
Illegitimate	13	21	34
	<hr/>	<hr/>	<hr/>
	389	349	738
	<hr/>	<hr/>	<hr/>

Birth Rate per 1,000 of the population 14·6

STILL BIRTHS	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	6	6	12
Illegitimate	1	—	1
	<hr/>	<hr/>	<hr/>
	7	6	13
	<hr/>	<hr/>	<hr/>

Still Birth Rate per 1,000 total (live and still) births ... 17·3

DEATHS	<i>Male</i>	<i>Female</i>	<i>Total</i>
Crude Death Rate per 1,000 of the estimated population...	320	332	652
DEATHS FROM MATERNAL CAUSES			1
Maternal Mortality Rate per 1,000 total (live and still) births			1·3

DEATHS OF INFANTS UNDER ONE YEAR OF AGE	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	14	14	28
Illegitimate	1	3	4
	<hr/>	<hr/>	<hr/>
	15	17	32
	<hr/>	<hr/>	<hr/>

Infant Mortality Rate per 1,000 live births 43

DEATHS OF INFANTS UNDER 4 WEEKS OF AGE	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate	11	12	23
Illegitimate	1	2	3
	<hr/>	<hr/>	<hr/>
	12	14	26
	<hr/>	<hr/>	<hr/>

Neo-natal Mortality Rate per 1,000 live births 35

DEATHS FROM CERTAIN SPECIFIED DISEASES	<i>Deaths</i>	<i>Rate per 1,000 of population</i>
Cancer... ..	104	2·1
Tuberculosis	8	0·16

TABLE SHOWING CLASSIFICATION OF CAUSES OF DEATH
DURING THE YEAR 1952

<i>Causes</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Tuberculosis, Respiratory	4	3	7
Tuberculosis, Other	—	1	1
Syphilitic Disease	1	—	1
Diphtheria	—	—	—
Whooping Cough	—	—	—
Meningococcal Infections	—	—	—
Acute Poliomyelitis	—	—	—
Measles	—	—	—
Other Infective and Parasitic Diseases ...	2	1	3
Malignant Neoplasm, Stomach	9	17	26
Malignant Neoplasm, Lung, Bronchus ...	12	3	15
Malignant Neoplasm, Breast	—	7	7
Malignant Neoplasm, Uterus	—	5	5
Other Malignant and Lymphatic Neoplasms ...	25	26	51
Leukaemia, Aleukaemia	1	—	1
Diabetes	—	3	3
Vascular Lesions of Nervous System ...	38	70	108
Coronary Disease, Angina	66	36	102
Hypertension with Heart Disease	3	9	12
Other Heart Disease	39	50	89
Other Circulatory Disease	12	17	29
Influenza	2	—	2
Pneumonia	10	9	19
Bronchitis	22	3	25
Other Diseases of Respiratory System ...	3	5	8
Ulcer of Stomach and Duodenum	3	—	3
Gastritis, Enteritis and Diarrhoea	2	7	9
Nephritis and Nephrosis	3	2	5
Hyperplasia of Prostate	4	—	4
Pregnancy, Childbirth, Abortion	—	1	1
Congenital Malformations	4	1	5
Other Defined and Ill-defined Diseases ...	41	44	85
Motor Vehicle Accidents	6	1	7
All Other Accidents	6	10	16
Suicide	2	1	3
Homicide and Operations of War	—	—	—
TOTAL DEATHS FROM ALL CAUSES ...	320	332	652

LANCASTER VITAL STATISTICS FOR 1952 AND THE PERIOD 1947 - 1951

	Live Births		Deaths (all causes)		Stillbirths		Maternal Mortality		Infant Mortality			
	No. Regis- tered	Rate per 1,000 pop'n	No. Regis- tered	Rate per 1,000 pop'n	No. regis- tered	Rate per 1,000 total births	No. of deaths regis- tered	Rate per 1,000 total births	Total		Neo-natal	
									No. of deaths regis- tered	Rate per 1,000 Live births	No. of deaths regis- tered	Rate per 1,000 Live births
Year : 1952 ...	738	*14.6	652	*12.9	13	17	1	1.33	32	43	26	35
Year : 1951 ...	730	14.3	643	12.6	19	25	1	1.34	28	38	21	29
1950 ...	770	14.9	611	11.8	12	15	1	1.28	38	49	24	31
1949 ...	827	16.2	598	11.7	20	24	1	1.18	32	39	—	—
1948 ...	858	17.0	552	10.9	22	25	2	2.27	24	27	—	—
1947 ...	1030	20.3	614	12.1	26	24	1	0.94	43	41	—	—
Average 5 years 1947 - 1951 ...	—	16.5	—	11.8	—	24	—	1.40	—	39	—	—

* Adjusted live birth-rate (comparability factor 1.13) = 16.5 per 1,000.
death-rate (comparability factor 0.99) = 12.8 per 1,000.

COMPARATIVE TABLE OF VITAL STATISTICS FOR 1952
Birth Rate, Death Rate and Analysis of Mortality

	Birth Rate per 1,000 Home Population		Mortality Rate per 1,000 Home Population									Death Rate per 1,000 Live Births	
	Live Births	Still Births	All Causes	Typhoid and Paratyphoid	Whooping Cough	Diphtheria	Tuberculosis	Influenza	Smallpox	Acute Poliomyelitis including Poliomyelitis	Pneumonia	All Causes Under 1 year	Diarhoea and Enteritis Under 2 years
LANCASTER	14.6	0.35 17.3*	12.9	—	—	—	0.16	0.04	—	—	0.38	43.0	1.36
England and Wales ...	15.3	0.35 22.6*	11.3	0.00	0.00	0.00	0.24	0.04	0.00	0.01	0.47	27.6†	1.1
160 County Boroughs and Great Towns (including London)	16.9	0.43 24.6*	12.1	0.00	0.00	0.00	0.28	0.04	—	0.01	0.52	31.2	1.3
160 Smaller Towns (Resident Pop. 25,000-50,000 at 1951 Census)	15.5	0.36 23.0*	11.2	0.00	0.00	0.00	0.22	0.04	—	0.00	0.43	25.8	0.5
London Administrative County	17.6	0.34 19.2*	12.6	—	0.00	0.00	0.31	0.05	—	0.01	0.58	23.8	0.7

* per 1,000 Total (Live and Still) Births.

† per 1,000 related Live Births.

NOTE.—The figures in this table are provisional and are corrected only for inward and outwards transfers. They make no allowance for variations in the age and sex composition of the population in different areas.

DEATHS CLASSIFIED BY AGE GROUP AND LOCALITY — 1952

	0-1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65-75	75-80	80 plus	Total
Castle Ward ...	3	1	—	—	—	—	—	—	1	2	12	18	9	6	52
John o'Gaunt Ward ...	4	—	—	—	—	—	—	—	2	4	23	20	16	17	86
Park Ward ...	4	—	—	—	1	—	1	—	4	6	34	59	29	44	182
Queen's Ward ...	4	—	—	—	—	—	—	—	1	—	10	16	7	15	53
St. Anne's Ward ...	3	—	—	—	—	—	—	—	—	2	13	13	4	5	40
Scotforth Ward ...	4	—	—	—	—	1	—	2	3	1	24	21	19	9	84
Skerton East Ward ...	4	1	—	—	—	—	—	—	2	1	13	18	10	14	63
Skerton West Ward ...	6	—	—	—	—	1	—	2	—	5	21	23	13	21	92
TOTAL ...	32	2	—	—	1	2	1	4	13	21	150	188	107	131	652

COMMENTS ON VITAL STATISTICS

Birth Rate

In 1952 there were 738 registered live births assignable to the City of Lancaster, representing a birth rate of 14·6 per 1,000 of the estimated population. Although this was 0·3 above the rate for 1951 the difference is of no real significance and the birth rate in the City between 1947 and 1951 has shown the same downward trend as the national figures.

Of the 738 live births 34 were illegitimate, equivalent to 4·6 of the total. During the previous year illegitimate births amounted to 50 out of 730, or 6·9%.

Death Rate

The table on page 9 gives the causes of death for the year 1952, classified under 36 main headings by the Registrar-General. The total deaths again show an increase with 652 registered, as against 643 in 1951 and 611 in 1950. The table on page 10 shows the death rates per 1,000 of the City's population, the figure for 1952 at 12·9 being above the average of the preceeding 5-year period.

The relative importance of the principal causes of death in 1952 is shown below :

	No. of Deaths	Percentage of Total
Heart and Circulatory Diseases	232	35·58
Vascular Lesions of the Nervous System	108	16·57
Cancer (including Leukaemia)	105	16·10
Respiratory Diseases (excluding Tuberculosis)	54	8·28
Violence (including 7 motor vehicle accidents)	26	3·99
Diseases of the Digestive System	12	1·84
Diseases of the Kidney and Prostate	9	1·38
Tuberculosis (all forms)	8	1·23
Infective Diseases (excluding Tuberculosis)	3	·46
All other causes	95	14·57
TOTAL	652	100·00

POPULATION ESTIMATES AND ADJUSTED BIRTH AND DEATH RATES

The 1952 population figure given is the home population (i.e., it includes members of the armed forces stationed in the area) and the birth and death rates are based on this population. It should be understood that earlier population estimates provided by the Registrar General and published in the annual reports for 1942 - 1948 referred to civilians only.

To make an approximate allowance for the way in which the sex and age distribution of the local population differs from that for England and Wales as a whole, the crude birth and death rates for the area should be multiplied by the appropriate area comparability factor. When local crude birth and death rates have been so adjusted, they are comparable with the crude rate for England and Wales, or with the corresponding adjusted rate for any other area.

In the following table the birth and death rates for Lancaster and England and Wales are compared.

			Rates per 1,000 Estimated Home Population			
			Lancaster City			England and Wales
			Crude Rate	Compara- bility Factor	Adjusted Rate	
Live Births :	1952	...	14.6	1.13	16.5	15.3
	1951	...	14.3	1.14	16.2	15.5
	1950	...	14.9	1.13	16.8	15.9
Total Deaths :	1952	...	12.9	0.99	12.8	11.3
	1951	...	12.6	0.99	12.4	12.5
	1950	...	11.8	1.00	11.8	11.6

Maternal Mortality

Detailed reports upon cases of deaths due to or associated with pregnancy, childbirth and abortion, continue to be sent to the Ministry of Health. One such death occurred during 1952, in a mother confined in hospital, death being due to complications of delivery following toxæmia of pregnancy.

Infant Mortality

In 1952 there were 32 deaths under one year of age, equal to a mortality rate of 43 per 1,000 live births registered, compared with 28 deaths and a rate of 38 last year. The infant mortality rate for the country as a whole was 27·6 per 1,000 related live births, and was the lowest ever recorded.

Neo-Natal Mortality and Still Births

Of the 32 infants who died under one year of age, 26 of them, i.e. 81%, died before attaining the age of four weeks, and of these neo-natal deaths, approximately two-thirds occurred within a week of birth. In the following table the causes of death are analysed for the different age groups from one week up to one year of age, and the preponderating influence of prematurity and other developmental defects is obvious.

Cause of Death	Under one week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	1-3 months	3-6 months	6-9 months	9-12 months	Total
Bronchitis	—	—	—	—	—	—	1	—	—	1
Pneumonia (all forms)	—	—	—	1	1	—	—	1	—	2
Asphyxia	1	—	—	—	1	—	—	—	—	1
Injury at Birth	—	—	—	—	—	—	—	—	—	—
Atelectasis	2	1	—	—	3	—	—	—	—	3
Prematurity... ..	11	1	—	—	12	—	—	—	—	12
Other Causes	4	3	2	—	9	2	1	1	—	13
	18	5	2	1	26	2	2	2	—	32

The 26 deaths under the age of 4 weeks represent a neo-natal mortality rate of 35 per 1,000 live births. Still births and neo-natal deaths have much in common since most of them result from factors which operate before or during birth.

Among the means needed to reduce this wastage of infant life are still better ante-natal care directed to improving the mother's general health and nutrition, skilled obstetrics, and improved care of the premature infant.

SECTION “ B ”

**GENERAL PROVISION OF HEALTH
SERVICES IN THE AREA**

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

The main work of the Public Health Department concerns environmental health and the control of infectious diseases, and detailed reports on these services, which are directly controlled by the City Council, will be found in Section " C " and Section " D."

The present section is related to those health services which concern mainly the personal health and welfare of the individual rather than public health and the community. Although administered by statutory authorities other than the City Council, it was felt that some brief account of the nature and scope of these services would be of interest to the Health Committee, and indeed to the general public. This section has therefore been expanded.

Any review concerning the general provision of health services in the area should of necessity cover all three branches of the National Health Service. Lack of space, however, precludes more than a brief mention of two of these, namely, the General Practitioner Services and the Hospital and Specialist Services, so that this section is confined mainly to the health services provided by the Local Health Authority, i.e., by the Lancashire County Council.

Local Health Services under Part III of the National Health Service Act, 1946

Divisional Health Committee No. 2 of the Lancashire County Council are responsible for the day-to-day administration of the following health services, which are available to the citizens of Lancaster as well as to the inhabitants of the surrounding districts.

1. *Care of Expectant and Nursing Mothers and Young Children*, including the provision of ante-natal clinics, post-natal care, dental care, child welfare centres and day nurseries, as well as special arrangements for premature babies, unmarried mothers, convalescent care, etc.
2. *Domiciliary Midwifery*.
3. *Health Visiting*.
4. *Home Nursing*.
5. *Home Helps*.

6. *Immunisation and Vaccination.*
7. *Ambulance Service.*
8. *Mental Health Service*, including community care and after-care of persons suffering from mental deficiency, as well as those suffering from mental illness.
9. *Prevention of Illness, and Care and After-care of Persons suffering from Illness*, including health education, convalescent care, prevention and domiciliary supervision of tuberculosis, provision of nursing equipment and apparatus.

Welfare Services - National Assistance Act, 1948

The following welfare services are also administered by the Divisional Health Committee :—

1. *Residential Accommodation.* Persons in need of care and attention not otherwise available to them are admitted to Bay View, Lancaster.
2. *Temporary Accommodation.* In case of urgent need, e.g., eviction, temporary shelter is provided at Bay View, Lancaster. separate accommodation being provided for children.
3. *Reception Centre.* Part of the accommodation at Bay View is used for the reception of persons without a settled way of life, by arrangement between the County Council and the National Assistance Board.
4. *Handicapped Persons.* For persons who are blind, or deaf, or otherwise substantially and permanently handicapped, certain welfare provisions are made through the County Medical Officer of Health.

School Health Service - Education Act, 1944

The school health service is controlled centrally by a committee of the County Council, and for the local organisation of this service the divisional medical officer is responsible to the County Medical Officer of Health.

In addition to the routine medical and dental inspections of children carried out in the City schools, various clinics, some attended by visiting specialists, are provided for the correction or treatment of certain defects,

The admission of handicapped pupils to special schools is arranged through the County Medical Officer of Health. Medical supervision of children under the care of the Children's Department is also undertaken by the school medical officers. Details relating to local clinics are set out in the table below :—

CLINIC AND TREATMENT CENTRES — LANCASTER CITY

	MON.	TUES.	WED.	THUR.	FRI.	SAT.
I ANTE-NATAL (1) Thurnham Hse ... (2) Ryelands Hse ...	— —	— —	— —	— 9.30 - 11.30 a.m.	p.m. 2-4* —	— —
II CHILD WELFARE (1) Thurnham Hse ... (2) Ryelands Hse ... (3) Hala Carr Mis- sion Hall ...	— 2-4 p.m. p.m. 2-4†	— — — —	2-4 p.m. — — —	2-4 p.m. — — —	— — — —	— — — —
III DIPHTHERIA IMMUNISATION (1) Thurnham Hse ... (2) Ryelands Hse ...	} Arranged as required, usually fortnightly					
IV MINOR AILMENTS (1) Thurnham Hse ... (2) Ryelands Hse ...	a.m. 9-10.30 9-10.30	— — —	a.m. 9-10.30 9-10.30	— — —	a.m. 9-10.30 9-10.30	— — —
V INSPECTION CLINIC Thurnham House ...	—	—	—	—	—	9.30-11.30 a.m. except first Saturday of month
VI EAR, NOSE & AND THROAT Thurnham House ...	—	—	—	—	—	9.30-11.30 a.m. first Saturday of month only
VII OPHTHALMIC Thurnham House ...	9.30-12 noon by ap- p'tm't	—	—	—	—	—
VIII ORTHOPAEDIC Thurnham House ...	—	By ap- p'tm't	—	By ap- p'tm't	—	—
IX SPEECH THERAPY Ryelands House ...	—	—	By ap- p'tm't	By ap- p'tm't	—	—
X DENTAL Thurnham House ...	Monday to Friday 9.30 a.m. - 4.00 p.m. daily by arrangement					

* Post natal cases also seen.

† Health Visitor only.

Laboratory Facilities

The bacteriological examination of milk, water and ice cream is carried out by Dr. Rickards and his staff in the Department of Pathology at the Royal Lancaster Infirmary. Specimens of faeces, nose and throat swabs, blood, etc., from individual patients, and samples of suspect food are also sent to this laboratory for examination, and I am indebted to Dr. Rickards for numerous laboratory reports and much helpful advice in connection with epidemiological investigations. The chemical analysis of water, as well as of milk and foodstuffs taken under the Food and Drugs Act, 1938, is performed by the County Analyst, Dr. Walker, whose willing co-operation is also appreciated.

Maternity and Nursing Homes

The following maternity and nursing homes in Lancaster and district are registered with the County Council, under the provisions of the Public Health Act, 1936. These homes were visited during the year by the Divisional Medical Officer and were reported upon as satisfactory.

Westhaven Nursing Home, 2/3, Laurel Bank, Lancaster.

Beds : 8 maternity, 2 medical.

Caton Green Nursing Home, Caton Green, Nr. Carnforth.

Beds : 10 maternity, 14 medical, 6 surgical.

Lunesdale Nursing Home, Melling, Nr. Carnforth.

Beds : 3 maternity, 12 medical.

Co-ordination of Health Services

The structure of the National Health Service, with responsibilities shared by separate authorities, renders it essential that there should be effective arrangements for securing integration. Locally this is ensured by cross representation on committees and by liaison between officers of the different services. Local co-ordination between the school health service, the other health services of the County Council and the health services administered by the City Council, is facilitated by reason of the fact that your Medical Officer of Health acts also as Divisional Medical Officer and School Medical Officer. Co-operation with local general practitioners is secured by frequent exchange of information in relation to infectious diseases, housing, domiciliary nursing services, welfare of aged and other handicapped persons, etc. Every effort is made also to co-operate with the numerous voluntary organisations, which play such a useful part in filling the gaps still apparent in the National Health Service.

SECTION “ C ”

**PREVALENCE OF AND CONTROL OVER
INFECTIOUS AND OTHER DISEASES**

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

General Incidence

During the year infectious diseases as a whole were much less prevalent than in 1951. Detailed information concerning the number of cases notified in 1952, recorded under the various age groups, will be found on page 29. Tables showing the incidence and mortality from tuberculosis will be found on page 28. The following summary shows the comparative incidence of the principal infectious diseases over the last seven years.

					1952	1951	Averages of 5 years 1950 - 1946
Scarlet Fever	...	...	...	...	101	93	69
Diphtheria	...	...	...	...	—	—	6
Whooping Cough	...	...	...	...	155	189	111
Measles	...	...	...	...	30	1255	264
Pneumonia	...	...	...	...	45	112	53
Tuberculosis	...	...	...	...	54	69	60
Poliomyelitis	...	...	...	...	—	1	6
Typhoid and Paratyphoid Fever	...	...	...	...	3	7	1
Dysentery	...	...	...	...	68	109	52
Other Diseases	...	...	...	...	13	40	29
TOTAL	...	...	...	...	469	1875	651

Measles

Following the extensive epidemic of measles which occurred in 1951 the number of cases recorded in 1952 showed a marked reduction, the 30 cases notified being the lowest since 1946. Measles is apt to be regarded nowadays as a trifling disease, but complications such as discharging ears can be dangerous especially in the youngest age groups. There is sometimes more need to admit cases of measles and whooping cough to hospital than there is in the case of scarlet fever, which in recent years has lost much of its virulence.

Whooping Cough

Cases notified numbered 155 as against 189 the previous year. Both in 1951 and 1952 the incidence of whooping cough has been well above the average of the preceeding five year period. Because of the dramatic decline in mortality from diphtheria, scarlatina, etc., the relative importance of whooping cough amongst the common infectious diseases of childhood has increased in recent years. The efficacy of whooping cough vaccine has now been more thoroughly tested, and it is hoped that the Ministry of Health will issue official recommendations about its use at an early date.

Scarlet Fever

During 1952 this disease was more prevalent than last year, with 101 cases against 93, the incidence in both years being considerably above the average for 1950 - 1946. Eighty-seven cases were admitted to Beaumont Hospital.

Diphtheria

For the fourth year running no cases of diphtheria have occurred in the City, and the disease is now becoming so rare that many young parents do not realise how dangerous it can be. We cannot afford to relax our efforts to maintain a high rate of immunisation against diphtheria, for statistics show that the number of children accepting this valuable protective measure is still well below the number considered necessary to eradicate the disease from the community. The protection rate should be at least 75% of the child population, but in 1952 it was only 31% for the country as a whole.

In Health Division No. 2 (which includes Lancaster City) 68·8% of the children under the age of 15 had at some time before 31st December 1952, completed a full course of immunisation against diphtheria. Considering the under five child population only, no less than 3,586 out of an estimated total of 8,040 had not been immunised by the end of 1952. The parents of these young children should realise that diphtheria still kills, and it is these unprotected children who will contract the disease should they come into contact with it.

Immunisation is a free service available either from the family doctor or through the school clinic, and before a child reaches its first birthday it should receive two injections, with an interval of one month between the two. For full protection a single reinforcing dose at the age of five when entering school is necessary, and, as an added precaution, immunity should be reinforced by a further injection about the age of nine or ten.

Included below are tables giving detailed figures. In respect of Lancaster children, it will be seen that the numbers immunised in 1952 showed some improvement over 1951, more especially as regards re-inforcement injections.

IMMUNISATION IN RELATION TO CHILD POPULATION IN
HEALTH DIVISION No. 2

NUMBER OF CHILDREN WHO HAD COMPLETED A FULL COURSE OF
IMMUNISATION AT ANY TIME UP TO 31ST DECEMBER, 1952

Age at 31.12.52, i.e., born in year	Under 1 1952	1 1951	2 1950	3 1949	4 1948	5 - 9 1943-47	10 - 14 1938-42	Total under 15 years
Number immunised	496	937	1058	1089	874	5017	5081	14,552
Latest estimated figures for child population	Children under five 8,040					Children 5 - 14 13,105		21,145
Percentage of child popu- lation in age groups in an immunised state	55.40%					77.05%		68.82%

LANCASTER CITY — IMMUNISATION CARRIED OUT
1952 AND 1951

Number of individuals who completed a full course of primary immunisation during the year										Number of individuals who were given a reinforcement injection, i.e., subsequent to complete course				
Age at final injection										Age Group				
0-1	1-2	2-3	3-4	4-5	Total under 5 yrs.	5-9	10-14	Total 5-14 years	Total 15 yrs. & over	0-4	5-9	10-14	Total under 15 yrs.	Total 15 yrs. & over

YEAR 1952

225	264	47	30	19	585	28	30	58	—	76	479	475	1030	1
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YEAR 1951

206	287	40	17	18	568	36	12	48	—	70	338	354	762	5
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Bowel Infections

In the Annual Reports compiled by the Medical Officer of Health of Lancaster sixty years ago, bowel infections featured prominently, and the incidence and mortality from typhoid fever, dysentery, and "diarrhoea," gave rise to serious concern. With our improved sanitation, cleaner food and safer water supplies, these specific bowel infections which are caused by swallowing infected food or drink, have largely ceased to be a menace to the health of the ordinary household, although they still cause trouble in mental hospitals and other institutions. Within the last decade, with the continued growth of communal feeding and large scale methods of manufacture and handling of certain foods, food poisoning has become increasingly common and to-day presents a fresh challenge to workers in the field of Public Health. Fortunately, no outbreak of food poisoning occurred in 1952.

Dysentery

Sixty-two out of a total of 68 cases of dysentery notified during the year occurred in institutions. The infection in every case was due to bacillary dysentery of the Sonne and Flexner types. Six cases occurred amongst the general public. There were no fatalities.

Typhoid and Paratyphoid Fever

One case of typhoid fever and one of paratyphoid occurred in Lancaster Moor Mental Hospital. Despite the enforcement of inoculation with T.A.B. vaccine occasional cases appear owing to the presence of chronic carriers amongst the patients. In addition, there was one fatal case of typhoid in a man who had probably acquired the infection during a holiday abroad. No secondary cases arose in the community.

Tuberculosis

A noteworthy feature in 1952 was the marked reduction in mortality from respiratory tuberculosis. The deaths amounted to 7, considerably fewer than in any of the preceeding ten years, and in fact the lowest number ever recorded in the City. The incidence of new cases on the other hand showed only a small reduction, with 54 cases notified as against 69 the previous year.

Since 1947 tuberculosis mortality in the country as a whole has shown a slow and gradual fall, and some of this improvement can be ascribed to improved methods of treatment. Advances in the field of prevention have also been made and it is now possible, by means of a vaccine known as B.C.G., to provide some degree of protection against tuberculosis infection. By the end of the year 124 persons in Lancaster, known contacts of infectious cases, had been tested as regards suitability for vaccination and 37 of these were subsequently vaccinated. Improved methods of diagnosis and the detection of unsuspected cases by means of Mass Miniature Radiography are adding important contributions to the prevention of the spread of tuberculosis.

Mass Radiography Surveys

I am indebted to Dr. S. J. Sutton, Medical Director of M.M.R. Unit No. 5 for the final report on the survey carried out in Lancaster in September, 1951. Amongst the 1,732 employees examined from two large firms in the City, 8 cases of active tuberculosis, previously unsuspected, were discovered, giving a rate of 4.5 per 1,000.

By arrangement with the Manchester Regional Hospital Board a second and larger survey was carried out between 18th August and 25th November, 1952. The City Council gave its full co-operation and contributed £50 to cover the costs of transport and advertisements. On this occasion a special appeal was made to members of the general public to present themselves for a chest X-ray, and 1,670 school children aged 14 and over were also examined. The total number of persons covered by this survey was 14,438, but the final report is not yet available.

INCIDENCE AND MORTALITY OF TUBERCULOSIS 1943 - 1952

			CASES NOTIFIED		DEATHS	
			Respiratory	Other Forms	Respiratory	Other Forms
1943	...	...	43	10	19	2
1944	...	...	40	14	20	6
1945	...	...	46	13	17	10
1946	...	...	52	9	25	4
1947	...	...	38	7	27	2
1948	...	...	66	11	22	3
1949	...	...	52	10	14	1
1950	...	...	46	9	23	3
1951	...	...	57	12	19	1
1952	...	...	48	6	7	1

INCIDENCE AND MORTALITY OF TUBERCULOSIS, 1952

Age Periods			CASES NOTIFIED				DEATHS			
			Respiratory		Other Forms		Respiratory		Other Forms	
			Males	Fe- males	Males	Fe- males	Males	Fe- males	Males	Fe- males
0—	...	...	—	—	—	—	—	—	—	—
1—	...	...	—	1	—	—	—	—	—	—
2—	...	...	—	—	—	1	—	—	—	1
5—	...	...	—	—	2	—	—	—	—	—
10—	...	...	—	2	—	—	—	—	—	—
15—	...	...	—	2	—	—	—	—	—	—
20—	...	...	—	7	—	—	—	—	—	—
25—	...	...	6	7	—	1	2	1	—	—
35—	...	...	9	—	—	—	1	1	—	—
45—	...	...	4	2	2	—	2	—	—	—
55—	...	...	7	—	—	—	—	—	—	—
65—	...	...	—	—	—	—	—	—	—	—
75 and upwards	...	...	1	—	—	—	—	—	—	—
			27	21	4	2	5	2	—	1
			48		6		7		1	

CASES OF INFECTIOUS DISEASE (OTHER THAN TUBERCULOSIS) NOTIFIED DURING 1952

DISEASE	AGE PERIOD — YEARS										Cases Admit- ted to Hos- pital	Deaths
	0-	1-	3-	5-	10-	15-	25-	45-	65 and over	Age Un- known	Total	
Smallpox ...	—	—	33	50	8	—	1	—	—	—	—	—
Scarlet Fever ...	1	8	—	—	—	—	—	—	—	—	101	—
Diphtheria ...	—	—	—	—	—	—	2	—	—	—	2	—
Enteric or Typhoid Fever ...	—	—	—	—	—	1	—	—	—	—	1	—
Paratyphoid Fever ...	—	—	—	—	—	—	—	—	—	—	30	—
Measles (excluding Rubella)	3	8	11	8	—	—	—	—	—	—	2	—
Whooping Cough ...	17	25	57	53	2	—	1	—	—	—	155	—
Acute Pneumonia (Primary and Influenzal) ...	—	2	2	2	2	2	10	16	9	—	45	—
Puerperal Pyrexia ...	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection ...	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis :	—	—	—	—	—	—	—	—	—	—	—	—
Paralytic ...	—	—	—	—	—	—	—	—	—	—	—	—
Non-Paralytic ...	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis :	—	1	—	—	—	—	—	—	—	—	1	—
Infective ...	—	—	—	—	1	—	—	—	—	—	1	—
Post Infective ...	—	—	—	9	14	6	13	24	1	—	68	—
Dysentery ...	—	1	—	—	—	—	—	—	2	—	—	—
Ophthalmia Neonatorum ...	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	—	—	—	—	—	1	3	5	—	—	11	—
Malatia (contracted in England and Wales) ...	—	—	—	—	—	—	—	—	—	—	—	—
Malaria (contracted abroad)	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning ...	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	21	45	103	122	27	10	30	45	12	—	415	—
											110	—

SECTION “ D ”

**SANITARY CIRCUMSTANCES
OF THE CITY**

**ANNUAL REPORT OF THE
SENIOR SANITARY INSPECTOR**

F. SHAW, D.P.A., M.R.San.I., A.M.I.S.E.

CITY OF LANCASTER — ENVIRONMENTAL HEALTH SERVICES

Under the Direction of the Senior Sanitary Inspector

<div>HOUSING</div> <div> Inspection of Houses Preparation of reports on general housing conditions in the city. </div> <div> Repair of Houses Preparation of specifications and schedules of costs. Supervision of works. Execution of works in default of owners. </div> <div> Clearance, etc. of Unfit Houses Indication of areas which are in need of re-planning and re-development. Clearance of the buildings from such areas. Demolition of single houses not included in areas. Closure of dwellings which it is not practicable to demolish. </div> <div> Valuation of Houses Valuation of houses to ascertain whether they are capable of repair at reasonable cost, etc. Estimation of future life of houses. </div> <div> Overcrowding Ascertainment and abatement of overcrowding. </div> <div> Common Lodging Houses Inspection and Registration. </div> <div> Houses Let in Lodgings Inspection and Registration. </div> <div> Rehousing Investigation into special housing needs which call for priority. Removals in connection with rehousing. Fumigation of household effects with HCN. </div>	<div>RATS AND MICE</div> <div> Destruction and infestation prevention. </div> <div> INSECT, ETC., PESTS Destruction and control. </div> <div> UPHOLSTERY, ETC. FILLINGS Supervision of premises where upholstery fillings are made or stored, or used. Sampling such fillings for examination as to cleanliness. </div> <div> FOOD AND DRUGS Examination and Sampling Examination of : Meat at time of slaughter. Meat in butchers' shops, etc. Food of all kinds in shops, stores, warehouses, etc. Supervision of the disposal of food condemned as unfit. </div> <div> Sampling of : Food and Drugs for analysis. Foods for bacteriological examination. </div> <div> Hygiene of Food Premises, etc.: Inspection of all premises used for the preparation, storage, handling and sale of food. Advice on layout, design and construction of food premises. Advice on equipment. </div>	<div>MILK AND DAIRIES</div> <div> Supervision of distribution of milk. </div> <div> Sampling of milk for : Adulteration. Keeping quality. Tubercle bacilli. Brucella Abortus. Inspection of dairies. </div> <div> Pre-licensing inspection of : Pasteurising plants. Sterilising plants. Bottling establishments. Routine inspection of plants and premises. </div> <div> INSPECTION OF OTHER PREMISES, e.g.: Factories. Building and civil engineering sites. Workplaces. Shops. Offices. Places of Entertainment. Offensive Trade premises. Schools. </div> <div> NATIONAL ASSISTANCE ACT Burial of the Dead. Arrangement for care of people living alone under insanitary conditions. </div> <div> ATMOSPHERIC POLLUTION Inspection of boiler, etc. plants. Observations of smoke from chimneys. Investigations generally into atmospheric pollution. </div>	<div>GENERAL SANITATION</div> <div> Investigation into complaints. Abatement of nuisances. Water supplies, (purity and sufficiency of). Purity of swimming bath water. Inspection of camping sites. Drainage. Removals of accumulations of waste, and offensive matter. </div> <div> Rivers and Watercourses Investigation into pollution. </div> <div> Sewage Disposal Sewage disposal from isolated buildings not connected to the town's sewerage system. </div> <div> INFECTIOUS DISEASES Investigations into causes of spread. Disinfection of premises and articles. </div> <div> FOOD-BORNE INFECTIONS Investigations into causes. Collection of specimens for examination. </div> <div> PET ANIMALS Inspection of pet animal shops. </div> <div> PORT HEALTH Inspection of crew's accommodation. Ship drinking water supplies. Rat and vermin destruction. Enquiries re infectious diseases and sickness amongst crews. Supervision of shellfish layings and collection grounds. </div>
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TO THE CHAIRMAN AND MEMBERS OF
THE PUBLIC HEALTH COMMITTEE

Mr. Chairman, Ladies and Gentlemen,

Once again it is my pleasure to submit for your consideration this part of the Annual Report dealing with the sanitary circumstances and sanitary administration of the City. It follows in form previous Annual Reports and gives information on the wide scope of the work carried out by the Department during 1952. Starting with statistics indicating the number and types of premises inspected, it goes on to show the repairs and improvements which have been made, the conditions in factories, and gives information about the sampling of materials used for fillings in upholstery, etc.

The section on housing is a little more lengthy this year because I feel duty bound to stress the deterioration which is taking place in the condition of the older houses in the City, and the problems which will have to be faced if they are to be repaired and improved. In this section it will be seen that the total estimated cost of repairing and improving some 5,795 houses in the City is slightly more than £1¼M. If, however, we were to allow the further ravages of time and wear and tear to take their full toll unchecked, the cost of replacing these houses with new ones at present-day prices would be about £9M, most of which would have to be found out of public funds. The present financial difficulties of landlords is touched upon as are some of the reasons why only four applications have been made in the last three years for financial grants towards the improvement of houses.

The accumulation of 13 years' disrepair and difficulties with regard to costing and valuation make it necessary for me to ask you to carefully consider whether the services of an additional sanitary inspector is called for in order to salvage these 5,795 houses. This is, in spite of my knowledge of your efforts, to keep public expenditure as low as is wise and my own very sincere desire not to unnecessarily increase your problems and worries in this respect.

The severe fog and sharp increase in the death rate from respiratory conditions in the County of London during December, 1952, drew the nation's attention to the pollution of the atmosphere by smoke. Your Committee has authorised the purchase of equipment which will enable the condition of the air in Lancaster to be compared with other areas in England and Wales. It is anticipated that this equipment will be supplied and erected before the end of 1953. Calculations made from the use of this equipment will then be forwarded to the Department of Industrial and Scientific Research and will add to the information available to the Medical Research Council for its investigation into the association, if any, between cancer of the respiratory tract and atmospheric pollution.

The section of the report which deals with the inspection of food and food premises gives details of the foods condemned as unfit for human consumption, foods sampled for analysis and bacteriological examination, and improvements made in food premises.

Extracts from reports on the chemical and bacteriological examination of routine samples of tap and swimming bath water are given, and towards the end of the report is a table giving information concerning legal proceedings, the aspect of our work which gives us the least satisfaction.

The report, besides dealing with a year's work of the Department, indicates the very wide field which your deliberations month by month have to cover, and the time which has to be spent by you in finding proper solutions to the many problems.

I would like to express my very sincere appreciation of the understanding and sympathetic and co-operative spirit which has been shown by you throughout the year, and for the loyal co-operation of staff.

I am,

Yours faithfully,

FREDERICK SHAW,

Senior Sanitary Inspector.

WORK OF SANITARY INSPECTORS

Closet Accommodation at the end of 1952

Privy Middens—No. of middens, 1. No. of closets attached to these middens, 1. No. of pail closets, 4. No. of dry ashpits, 6. No. of moveable ashbins, 14,500. No. of houses on water carriage system, 13,652. No. of fresh water closets, 17,833. No. of waste water closets, nil. Conversions during 1951, Nil.

Sanitary Inspections During 1952

No. of premises visited, 12,334. Defects or nuisances—No. discovered, 923 ; No. abated, 1,072. No. of notices served—Informal, 315 ; Statutory, 146. Legal proceedings, 5.

Types of Inspections and Visits

Complaints investigated	...	...	...	...	...	...	683
Rodent or insect pest infestation	...	...	...	...	...	...	74
Infectious disease enquiries	...	...	...	...	...	...	112
Food inspection	...	...	...	...	...	...	239
Miscellaneous Public Health inspections	...	...	...	...	...	...	919
Miscellaneous visits	...	...	...	...	...	...	1,422
Common lodging houses	...	...	...	...	...	...	5
Houses let-in-lodgings	...	...	...	...	...	...	—
Offensive trade premises	...	...	...	...	...	...	39
Butchers' shops and stores	...	...	...	...	...	...	75
Bakehouses	...	...	...	...	...	...	261
Ice cream premises	...	...	...	...	...	...	343
Fish fryers' premises	...	...	...	...	...	...	298
Food preparing premises	...	...	...	...	...	...	131
Other food premises, general	...	...	...	...	...	...	445
Dairies	...	...	...	...	...	...	56
Public Houses	...	...	...	...	...	...	72
Markets	...	...	...	...	...	...	5
Restaurants	...	...	...	...	...	...	160
Shops (Shops Act)	...	...	...	...	...	...	124
Theatres, cinemas, etc.	...	...	...	...	...	...	28
Slaughterhouses	...	...	...	...	...	...	662
Snack bars, soda fountains, etc.	...	...	...	...	...	...	151
Premises where animals kept	...	...	...	...	...	...	85
Pet Shops	...	...	...	...	...	...	19
Combustion Plants	...	...	...	...	...	...	20
Work Places	...	...	...	...	...	...	5
Food Vans	...	...	...	...	...	...	9

Improvements and Repairs effected following action by the Sanitary Inspectors

Repairs to Dwelling Houses

Roofs repaired or stripped and renewed	...	...	...	...	...	...	...	67
External walls re-pointed	...	...	...	...	...	...	...	12
Rainwater pipes repaired or renewed	...	...	...	...	...	...	...	62
Eavesgutters, repaired or renewed	...	...	...	...	...	...	...	80
Chimney Stacks re-built	...	...	...	...	...	...	...	5
Yards and Passages, pavements repaired or renewed	...	...	...	...	...	...	...	9
Ceilings re-plastered or repaired	...	...	...	...	...	...	...	4
Internal walls re-plastered or repaired	...	...	...	...	...	...	...	35
Windows repaired or renewed...	...	...	...	...	...	...	...	37
Doors repaired or renewed	...	...	...	...	...	...	...	6
Floors repaired or renewed	...	...	...	...	...	...	...	20
Fireplaces repaired or renewed	...	...	...	...	...	...	...	11
Cooking ranges or stoves repaired or renewed	...	...	...	...	...	...	...	2
Wash Boilers repaired or renewed	...	...	...	...	...	...	...	—
Sinks renewed	...	...	...	...	...	...	...	3
Repairs to water supply systems	...	...	...	...	...	...	...	15
Repairs to staircases	...	...	...	...	...	...	...	2
Miscellaneous	...	...	...	...	...	...	...	24

Improvements in Registered Premises

Factories...	...	...	...	...	...	...	...	...	18
Shops	...	...	...	...	...	...	...	...	6
Dairies	...	...	...	...	...	...	...	...	3
Combustion plants	...	...	...	...	...	...	...	...	6
Public Houses	...	...	...	...	...	...	...	...	8
Miscellaneous	...	...	...	...	...	...	...	...	20

Food Premises

New equipment	...	...	...	...	...	...	...	...	11
Structural alterations	...	...	...	...	...	...	...	...	5
Walls and ceilings redecorated	...	...	...	...	...	...	...	...	110
New sinks installed	...	...	...	...	...	...	...	...	13
Washbasins provided	...	...	...	...	...	...	...	...	9
New kitchen provided	...	...	...	...	...	...	...	...	1
Washing facilities with H. & C.	...	...	...	...	...	...	...	...	22
Geysers provided	...	...	...	...	...	...	...	...	2
Improvement in general cleanliness	...	...	...	...	...	...	...	...	21
Internal repairs	...	...	...	...	...	...	...	...	13
Miscellaneous	...	...	...	...	...	...	...	...	13

Drainage, Sanitary Accommodation, etc.

Drains cleared from obstruction	...	...	...	...	...	...	...	...	113
Public Sewers cleared from obstruction	...	...	...	...	...	...	...	...	27
Drains re-laid or repaired	...	...	...	...	...	...	...	...	39
Sewers re-laid or repaired	...	...	...	...	...	...	...	...	7
Soil pipes, waste pipes, etc., repaired or renewed	...	...	...	...	...	...	...	...	11

Water Closets

Additional W.C.'s provided in houses	...	...	...	...	1
Additional W.C.'s provided in other premises	...	...	...	...	—
Additional W.C.'s provided in factories	...	...	...	...	—
W.C. compartments re-built or repaired	...	...	...	...	25
W.C. basins renewed	...	...	...	...	28
W.C. cisterns renewed or repaired	...	...	...	...	15

Various

Offensive accumulations removed	...	...	...	...	26
Additional dustbins provided	...	...	...	...	4
Dustbins renewed	...	...	...	...	29
Insanitary receptacles replaced	...	...	...	...	2
Miscellaneous	...	...	...	...	2

Execution of Work by City Council in Default of Owners

In 14 instances during the year it became necessary for the City's Health Department to carry out repairs to houses because the owners had failed to comply with statutory notices. In some of these cases the Council had to collect the rents in order to recover the costs.

The works carried out were as follows :—

Eavesgutters renewed	...	...	...	...	...	7
Rainwater pipes renewed	...	...	...	...	...	3
W.C. basins renewed	...	...	...	...	...	1
Roofs repaired	...	...	...	...	...	1
Windows repaired	...	...	...	...	...	1
Dustbins provided	...	...	...	...	...	5

Shops (Shops Act, 1950. Section 38)

One hundred and twenty-four inspections of shops were made during the year in connection with welfare facilities. Following these visits the ventilation was improved at 3 premises, the heating at 2, and additional sanitary accommodation was provided at one.

Offices

Amendments to the law with respect to conditions of employment in non-industrial occupations are under consideration at the present time, and many much-needed improvements in offices must wait until the Council's legal powers are strengthened.

Camping Sites (Other than Military)

Although no camping sites were licensed during the year the inspectors made 31 visits to sites which were either used for periods less than 42 consecutive days or were in use illegally.

Smoke Abatement

During the year sanitary officers made 20 inspections of combustion plants in the City and made 92 observations of factory chimneys for the purpose of the Byelaws.

Following discussions spread over a year or so, one firm installed 3 new Lancashire Boilers complete with mechanical stokers, fitted mechanical stokers to 2 existing boilers and installed an induced draught fan. The cost of this work was in the region of £32,000, but it has resulted in a 20% fall in fuel consumption.

Offensive Trades

Number of premises—5.

Types of offensive trades :—

Fellmonger	...	...	...	...	...	...	...	...	1
Gut Scrapers	...	...	...	...	...	...	...	...	2
Rag and Bone Dealer	...	...	...	...	...	...	...	...	1
Tripe Boiler	...	...	...	...	...	...	...	...	1

All the offensive trades in the City were, generally speaking, carried on during the year without serious nuisance in spite of difficulties due to obsolete buildings.

Factories Act, 1937

Details of the number of inspections made by the Sanitary Inspectors and of the number and type of contraventions found are given in the following tables :—

INSPECTIONS

Premises	Number on Register	Number of		
		Inspec- tions	Written Notices	Occupiers Prosecuted
Without mechanical power	31	30	—	Nil
With mechanical power	194	161	3	Nil
Other premises	9	65	—	Nil
TOTAL	234	256	3	Nil

DEFECTS FOUND

	Number of cases in which defects were found				Number of cases in which prosecu- tions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1)	3	—	—	1	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable tempera- ture (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)... ..	—	—	—	—	—
Sanitary Conveniences (S.7) :—					
(a) Insufficient ...	4	5	—	1	—
(b) Unsuitable or de- fective	19	10	—	1	—
(c) Not separate for sexes	1	—	—	—	—
Other offences	1	—	—	—	—
TOTAL	28	15	—	3	—

Common Lodging Houses

Number on Register—nil.

Houses Let in Lodgings

It is now 4½ years since the housing survey was completed and in consequence the Department's record of houses let in lodgings is out of date. It is anticipated, however, that new model byelaws will soon be published and it will then be desirable to insist on registration of all houses let in lodgings so that they can be kept under proper supervision.

Tents, Vans, Sheds, etc.

There are no tents, vans or similar erections used at present for human habitation in the City. One family which had been evicted from their house took up temporary residence towards the end of the year in a tent on Salt Ayre Marshes, but after consideration of all the facts were rehoused by the City Council.

Underground Sleeping Rooms

So far as present records show, there is no need for regulations.

Rag Flock and Other Filling Materials Act, 1951

Rag Flock Acts, 1911 and 1928

No. of premises in the district in which filling materials are manu- factured, used or sold	...	...	...	...	...	...	4
No. of Inspections	...	...	...	...	...	...	4
No. of samples taken	...	...	...	...	...	...	2

Both samples conformed to the legal standards.

HOUSING

General Observations

There are many facets to the housing problem, and since 1851, when public responsibility for housing began, there have been many changes in emphasis.

Practically no houses were built by local authorities before 1914, but in 1919, for the first time, the provision of houses for general needs was made a statutory responsibility of local authorities with Exchequer assistance. Local authority house building was concentrated between 1919 until about 1933 on meeting the general shortage, and little or no attention was given to the abatement of overcrowding and slum clearance. From 1933 to 1939 the emphasis of local authority housing was on specific needs, namely, the abatement of overcrowding and slum clearance, and any general housing shortage was left to be met by the building industry and to the application of the laws of demand and supply.

From 1945 to the present time, generally speaking, the emphasis of local authority housing has again been towards meeting the general shortage, and slum clearance has had to remain in abeyance. Lancaster is, however, one of the very few local authorities which, having made a proper assessment of its housing needs, has been able to commence a progressive slum clearance programme which has now been in operation two and a half years.

The present rate of slum clearance in Lancaster (50 houses per year) is, having regard to all the aspects of the housing situation, satisfactory, and the amount of recorded statutory overcrowding in the City is small.

The aspect of housing in Lancaster, and in the rest of the country for that matter, which now calls for greater emphasis, is the comprehensive repair and improvement of existing houses. Provision is made in the Housing Acts, with certain safeguards for owners as to the reasonableness of the authorities' requirements, to compel owners to carry out necessary repairs, and also for the making of financial grants for the improvement of houses.

In spite of these statutory powers, very little progress has been made since the war in the extensive repair of houses, and very few owners have taken advantage of the financial grant scheme for improvements.

Before serving a notice under the Housing Acts for repairs, the authority must satisfy itself that the estimated cost of the proposed works is reasonable, having regard to the value which it is estimated the house will have when the works are completed. For the purpose of valuation the house must be treated as a freehold tenanted one subject to the Rent Restrictions Acts.

Because of the statutory control of net rents at the 1939 level, the value of tenanted houses has risen little, if at all, since 1939, whereas the cost of repairs, in sympathy with the general rise in prices, has increased considerably. The result is that owners are unable or reluctant to execute comprehensive repairs, and because of the "reasonable cost" clause in the Housing Act, 1936, local authorities are in a number of

cases not legally justified in serving notices. Whilst, therefore, the nation aims at satisfying the demand for reasonable housing accommodation by building new houses at high cost, it is allowing that demand to increase unnecessarily by doing nothing practical to make many existing houses reasonably fit for human habitation.

The solution to the problem is not easy to find because an all round increase in rents will raise the cost of living of a large number of households, stimulate claims for increased wages which will result in increased costs and will not guarantee that repairs will be carried out. On the other hand very few owners can afford to execute the necessary repairs at present low rentals. In spite of the difficulties in finding a solution, the problem must be faced squarely if we are not going to be compelled, in a few years time, to have to replace numerous houses which, after repair now, would have given many years useful life at low rentals, by new houses necessitating relatively high rents.

When the Housing Survey was carried out in Lancaster between 1947 and 1948 an estimate of the remaining life of every house in the City was made. This was a new venture and had never been done by any authority before. From a coloured map and record cards it is still reasonably possible to say whether a house is worth improving or not, or in need of extensive repairs, etc. The amount of repairs required varies greatly from house to house, but—leaving out improvements necessary to bring houses up to modern standards—the average cost of repairs per house is probably in the region of £60. As there are 1,725 houses at present in the City which are not worth improving but are in need of and worth repairing, the total cost of repairing these houses is in the region of £103,500. There are a further 3,470 houses which are worth improving and also in need of repair. The average cost of providing bathrooms, hot water systems, food storage and other improvements in these houses is about £200 per house. This means these 3,470 houses could be modernised and repaired at a total cost of about £902,200. A further 600 houses are in a reasonable state of repair but lack modern amenities and the total cost of improving these houses is in the region of £120,000.

The present position is, therefore, that there are some 5,795 houses in the City which, with repair and improvement, could provide satisfactory housing accommodation for quite a long time. The total cost of repairing and modernising them would be in the region of £1,125,700. The only alternative to this is to allow the decay and obsolescence to increase with the ravages of time and wear and tear with the ultimate intention of replacing them with new houses. The cost of replacing them, however, at present day prices would be about £9,000,000 as against the figure of £1,125,700 for repair and modernisation, and most of the £9M would have to be found out of public funds.

There have been suggestions from many sources that local authorities should be empowered to acquire these houses compulsorily and repair and improve them, and it might well be that local authorities will, in the near future, be given this power. If they were it would not increase the total amount of housing units but it would be one way out of the

present impasse caused by relative high building costs and low rentals. It would also permit local authorities to purchase blocks of houses in advance of slum clearance and redevelopment schemes. Furthermore, if building prices could be forced down, some occupants of the older houses would undoubtedly want to build new houses of their own and the houses they vacated could then be purchased by the local authority, improved and let at lower rentals than new ones. In this respect it is as well to remember that by the powers contained in the Local Government (Miscellaneous Provisions) Act, 1953, a local authority may establish funds for this kind of operation.

It is well worth while examining briefly what provision exists in the law at the present time for the improvement of houses and what are the possible financial returns to an owner, if any, if he improves his property and the effect on rents paid by occupiers.

The Rent and Mortgage Interest and Restrictions Acts, 1920 to 1939 allow, where the tenant has agreed to improvements, an increase in rent of 8 per cent. of any sum expended on such improvements or structural alterations. For this scheme to work the owner must be in a position to pay for the whole of the improvements without assistance from the local authority. The position in such cases is that for an expenditure of say, £200 the owner would receive in extra rent during the life of the house, say 30 years, £480, or 40 years £640. If, however, he were to place his £200 in the Post Office Savings Bank at $2\frac{1}{2}\%$ interest, at the end of 30 years his £200 would have grown to £419 10s. 3d., and at the end of 40 years to £537 3s. 0d. The point here is whether the difference between the two returns is sufficient to encourage owners to improve their houses, especially in view of the greater risks involved when the £200 is invested in housing improvements.

So far as the occupier is concerned, the £200 spent on improvements would raise an average inclusive rent in Lancaster for a three bedroomed old house from 12/6 to 18/6 per week, as against the rent of a new three bedroom Corporation house of between 26/- and 33/-. In the case of the improved house the rent would still be below the maximum proportion of income of an unskilled or semi-skilled worker which it is believed should not be exceeded if a reasonable standard of nutrition is to be maintained. The rent of 26/- for the new house is the maximum which can be afforded by this income group in order to maintain the correct proportion of expenditure on rent and other necessities, such as food. The rent of 33/- exceeds the maximum.

Under the Housing Act, 1949, private owners of houses may apply to their local authority for grants towards the cost of improvements, and if the authority is satisfied with the nature of the improvements it may make a grant of up to 50 per cent. of the approved cost. The grant may be paid either on completion of the work or in instalments as the work goes on. There are conditions concerning the use of the property, etc., the local authority may determine the rent and the house must have a further life of not less than 30 years. The rent may be increased by not more than 6 per cent. of the cost of the work, less the amount of the grant made by the local authority.

Under the 1949 Act, therefore, the owner's position is that if he obtains the 50% grant from the local authority and the cost of the improvements was £200, he would be entitled to increase the rent £6 per year. This means that for the outlay of £100 he would receive by way of extra rent during the life of the house, £180 if it were 30 years, and £240 if it were 40 years. If, on the other hand, he placed his £100 in the Post Office Savings Bank with 2½% interest, at the end of 30 years it would have grown to £209 15s. 1½d., and at the end of 40 years to £268 10s. 1½d. Clearly it does not pay a landlord financially to improve his houses and this is probably the main reason why there have been practically no applications for improvement grants from landlords. The provisions of the Act are, however, beneficial to owner-occupiers who receive financial help for improving their own living conditions.

In this respect it is interesting to note that since the 1949 Act became operative only four applications for grants have been received in Lancaster, and three of those were from owner-occupiers and the last was from an organisation which provides housing accommodation for disabled ex-servicemen.

The position of the tenant who has had his house improved under the Housing Act, 1949 is that whereas the average inclusive rent of a three bedroomed old house in Lancaster is, before improvement, 12/6 per week, after improvement he would be called upon to pay 14/10. This compares very favourably with the 26/- to 33/- paid for a new three bedroom Corporation house. Whether tenants would be prepared to pay between 2/- and 6/- per week extra rent for modern amenities has still to be determined on a large scale, but evidence so far seems to indicate they would.

The repair of houses as distinct from improvement is a different matter because owners have a statutory duty in the matter and are not entitled to increase rents on that account.

Local authorities have the duty, *inter alia*, of seeing that houses which are capable of repair at reasonable cost are repaired. Since 1939 the exercise of this duty has not been easy. Firstly, during the war very few repairs were carried out, and secondly, the cost of repair work has increased considerably since 1939 but the value of tenanted houses covered by the Rent Restriction Acts has practically remained static. In consequence many houses which have, generally speaking, sound external structures are not capable of repair at "reasonable cost." Nevertheless, to permit the further decay of houses would not be in the City's or national interest and the systematic repair of houses should be commenced without further delay. In view of the magnitude of the task after a lapse of 13 years and the other difficulties mentioned, e.g. the preparation of schedules of costs and the necessity to value houses in relation to the schedules of costs, it is very doubtful whether sufficient progress could be made with the present strength of sanitary inspectors, and in spite of a very strong and natural desire to place no further burden on the rates, the cost of an extra inspector's salary will have to be carefully weighed against the salvaging of thousands of houses.

The building and management of new houses is only a small part of the housing problem and it should be carefully examined in whole and not in part.

In these brief observations I have dealt with a few aspects but there are many more which need to be considered. The Central Government would undoubtedly be glad of proposals from local authorities and the various local authorities' associations may find it beneficial to set up their own committee to examine the situation and make proposals.

NUMBER OF NEW HOUSES ERECTED DURING THE YEAR

	Prefabricated Houses		Traditional Permanent Houses
	Temporary	Permanent	
(i) By Local Authority	—	—	81
(ii) By other Local Authorities ...	—	—	—
(iii) By other bodies or persons ...	—	—	20 (by private individuals under licence)

Inspection of Dwelling Houses During the Year

1.	(a)	Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	220
	(b)	Number of inspections made for the purpose	349
2.	(a)	Number of dwelling houses (included in sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 ...	188
	(b)	Number of inspections made for the purpose	225
3.		Number of dwelling houses found to be in a state so injurious to health as to be unfit for human habitation	48
4.		Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	172

Remedy of Defects During the Year Without the Service of Formal Notices

Number of defective dwelling houses rendered fit in consequence of informal action by the local authority or their officers ...	10
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Action Under Statutory Powers During the Year

(a)	Proceedings under Sections 9, 10, and 16, of the Housing Act, 1936 :—					
	(i)	Number of dwelling houses in respect of which notices were served requiring repairs	Nil

(ii) Number of dwelling houses which were rendered fit after service of formal notices :—		
(a)	By owners	Nil
(b)	By local authority in default of owners	Nil
(b) Proceedings under Public Health Acts :—		
(i)	Number of dwelling houses in respect of which notices were served requiring defects to be remedied	22
(ii) Number of dwelling houses in which defects were remedied after service of formal notices :—		
(a)	By owners	32
(b)	By local authority in default of owners	Nil
(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—		
(i)	Number of dwelling houses in respect of which Demolition Orders were made	Nil
(ii)	Number of dwelling houses demolished in pursuance of Demolition Orders	Nil
(d) Proceedings under Section 12 of the Housing Act, 1936 :—		
(i)	Number of separate tenements or underground rooms in respect of which Closing Orders were made	Nil
(ii)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	Nil

Housing Act, 1936, Part IV. - Overcrowding

During the year 70 cases of overcrowding were rehoused by the City Council and 12 abated the overcrowding themselves by finding other accommodation after they had been warned by the Sanitary Inspectors. Fifty-seven new cases were brought to light during the year, and at the end of the year the number of houses in the City known to be overcrowded was 57. Further information concerning overcrowding is given in the table immediately below.

(a)	(i) Number of dwellings overcrowded at the end of the year...	57
	(ii) Number of families dwelling therein	79
	(iii) Number of persons dwelling therein	373
(b)	Number of new cases of overcrowding reported during year ...	57
(c)	(i) Number of cases of statutory overcrowding relieved during year	70
	(ii) Number of persons concerned in such overcrowding ...	376
(d)	Number of cases of overcrowding in houses owned by the local authority which have been relieved during the year	15
(e)	Particulars of any cases in which dwelling houses have again become overcrowded after the local authority have taken steps for the abatement of overcrowding	1

HOUSING CONDITIONS

Sufficiency of Houses

At the end of 1952 the number of applications on the Council's list still awaiting rehousing, was 1,465. The real need for additional housing units is probably less than this, but a more accurate assessment could only be made by another housing survey.

Houses Without Internal Piped Supply of Water, etc.

(a)	Number of houses which have not an adequate internal water supply	...	...	...	...	...	...	...	29
(b)	Number of houses which have no separate water closet or other adequate sanitary accommodation	...	...	...	...	...	...	...	74

SANITARY CONDITIONS IN SCHOOLS

Routine inspections and visits upon complaint were made by the Sanitary Officers in connection with sanitary and washing facilities and arrangements for the serving and consumption of meals in schools.

During the year the new Moorside County School with accommodation for about 300 Juniors and 200 Infants, and equipped with its own kitchen and dining room for school meals, was opened.

One small private school in Regent Street was closed.

Information concerning the present sanitary, drinking and washing arrangements at the schools is given in Table I below, and details of the improvements made at the various schools during the year is given in Table II.

TABLE I

Total number of schools in City	...	...	...	...	...	...	34
Number with fresh water closets only	...	...	...	...	...	...	31
Number with trough closets	...	...	...	...	...	...	3
Number with unsatisfactory yard surfaces	...	...	...	...	...	...	10
Number with inadequate washing facilities	...	...	...	...	...	...	24
Number with inadequate drinking facilities	...	...	...	...	...	...	30
Improvements in schools during 1952 :—							
Additional sinks provided	...	...	...	...	...	...	2
Additional wash basins provided	...	...	...	...	...	...	8
New or additional W.C.'s provided	...	...	...	...	...	...	3

Improvements

TABLE II

- Cathedral—playground re-surfaced.
- Greaves Nursery—additional central heating plant installed.
- Scotforth Parish Hall—some new flooring laid.
- Skerton Girls—3 additional W.C.'s and 4 additional washbasins provided.
- Skerton Boys—4 additional washbasins provided.
- St. Johns—redecorated—October, 1952.
- Dallas Road Junior and Infants—new vertical type heated cupboard in kitchens, leaving more space for movement.

Dallas Road Secondary Modern—Annexe redecorated.
 Marsh Junior and Infants—new glazed sink in kitchen.
 Willow Lane Nursery—new glazed sink in kitchen.
 Ripley Secondary Modern—alterations to school premises in progress.

PLACES OF ENTERTAINMENT

Twenty-eight inspections of public places of entertainment were made in the course of the year, and a number of visits were paid during performances.

Generally speaking, all premises were maintained in a clean condition.

During the year work was commenced on the provision of additional sanitary accommodation and the installation of a new mechanical ventilation system at the County Cinema.

INSPECTION AND SUPERVISION OF FOOD

Milk Supply

The administration of the Food and Drugs Acts, 1938 - 1950, and Milk and Dairies Regulations.

Milk Supervision and Distribution

During the year Sanitary Officers made a total of 56 inspections of the 8 dairies situated in the City. It was found necessary on eight occasions to draw attention to contraventions of the Regulations or other unsatisfactory conditions.

The average daily consumption of milk per head of the population increased from .68 in 1951 to .77 of a pint in 1952 but there was a slight fall in the quantity of milk sold per household, which means more milk was consumed in 1952 in factories, hospitals and cafes, etc. than in 1951.

Average Daily Consumption of Milk

<i>Description</i>					<i>Daily Consumption in Gallons</i>	<i>Per centum of Whole</i>
Non-descript Raw Milk	...	...	...	...	333	6.88%
Tuberculin Tested Milk	...	...	...	...	1281	26.44%
Pasteurised Milk	...	...	...	...	2317	47.82%
T.T. (Pasteurised) Milk	...	...	...	...	817	16.86%
Sterilised Milk	...	...	...	...	97	2.00%
TOTAL	...	...	...	...	4845	100.00%

Average daily consumption in pints per head of population, .77 pints.

Quantity of Milk Bottled (in gallons)

				<i>Amount bottled outside the City (in galls. per day)</i>	<i>Amount bottled in the City (in galls. per day)</i>
Non-descript Raw Milk	...	...	...	253	80
Tuberculin Tested Milk	...	...	...	627	174
Pasteurised Milk	...	...	...	1346	771
T.T. (Pasteurised) Milk	...	...	...	444	373
Sterilised Milk	...	...	...	97	—
				2767	1398

Milk (Special Designation) (Raw Milk) Regulations, 1949

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949

Information concerning the number of licences issued under the above-mentioned Regulations during 1952 is given below.

Tuberculin Tested Milk : Bottling, 4. Dealers other than bottlers, 55.

Pasteurised Milk : Pasteurising Plant, 1. Dealers, 51.

Sterilised Milk : Dealers, 24.

Sampling of Milk for Bacteriological and Biological, etc., Tests

TESTS FOR TUBERCULOUS MILK

Information concerning the number of samples and grades of milk submitted for biological tests for the presence of tubercle bacilli and the results of the tests is given in the following table.

					Nondescript Raw Milk	Tuberculin Tested Milk
Total Number Taken	...	...	...	...	22	32
Number Negative	...	...	...	...	22	32
Number Positive	...	...	...	...	—	—
Per cent, Positive	...	...	...	...	—	—

Sampling of Milk for Good Keeping Quality and for Evidence of Adequate Pasteurisation or Sterilisation

Information concerning the testing of milk for good keeping quality and for adequate heat treatment is given in the following table.

SAMPLES OF MILK TAKEN FOR METHYLENE BLUE AND B.COLI TESTS

	Nondes- cript Raw Milk	Tuberculin Tested Milk	Pas- teurised Milk	Tuberculin Tested (Past'ised)	Sterilised Milk
Total Number Taken ...	26	32	51	30	2
Number Satisfactory ...	22	29	51	28	2
Number Unsatisfactory	4	3	—	2	—
Per cent. Unsatisfactory	15.38%	9.37%	—	6.66%	—

SAMPLES OF MILK TAKEN FOR PHOSPHATASE TEST

	Pasteurised Milk	Tuberculin Tested (Pasteurised) Milk
Total Number Taken	64	30
Number Satisfactory	55	29
Number Unsatisfactory	9	1
Per cent. Unsatisfactory	14.01%	3.33%

SAMPLES OF STERILISED MILK TAKEN FOR TURBIDITY TEST
Number taken : 2. Results satisfactory.

Observations on Keeping Quality of Milk

The keeping quality of nondescript raw milk, raw tuberculin tested milk and pasteurised milk, was better in 1952 than in 1951. In 1951 the percentage of samples of nondescript raw milk which failed the test was 42.00, of tuberculin tested raw milk 19.23 and of pasteurised milk 2.73, whereas the figures for 1952 were 15.38, 9.37 and nil respectively.

Nearly 7 per cent. of the samples of tuberculin tested pasteurised milk failed to pass the test in 1952, whereas none failed in 1951.

Bacteriological and Chemical Examination of Ice Cream
Bacteriological Examination

Samples of ice cream submitted for bacteriological examination showed that good standards of hygiene in its manufacture were, generally speaking, maintained during 1952. There are, however, no grounds for complacency because 2.38% of the samples were placed in Grades 3 and 4, which means they were below standard.

BACTERIOLOGICAL EXAMINATION

No. of Samples Taken	Methylene Blue Decolourisation Test		B. Coli		Ministry of Health Provisional Grades			
	Satis-factory	Unsatis-factory	Absent Satisf'ory	Present Unsatisf'ry	1	2	3	4
42	40	2	42	—	36	4	1	1

Chemical Examination

It will be seen from the table immediately below that over 84% of the samples of ice cream submitted for analysis contained more than 7.5% of fat and over 30% contained more than 10%.

TABLE SHOWING FAT CONTENT

No. of Samples Taken	Under 5.0%	5.0%—7.5%	7.5%—10.0%	Over 10.0%
13	—	2	7	4

Meat and Other Foods

The following are particulars of meat inspection carried out by your Sanitary Officers during the year at the abattoir.

NUMBER OF ANIMALS SLAUGHTERED AND INSPECTED
AT ABATTOIR

	Cattle excl'ing Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known)	2414	1266	3758	14551	4500
Number Inspected	2414	1266	3758	14551	4500
All Diseases Except Tuberculosis :					
Whole carcases condemned ...	14	36	393	118	121
Carcases of which some part or organ was condemned ...	1131		366	1586	65
Percentage of the number inspec- ted affected with disease other than Tuberculosis ...	32·09%		20·20%	11·71%	4·13%
Tuberculosis Only :					
Whole carcases condemned ...	15	46	1	—	20
Carcases of which some part or organ was condemned ...	715		—	—	238
Percentage of number inspec- ted affected with Tuberculosis...	21·09%		·03%	—	5·73%

AMOUNT OF MEAT CONDEMNED BY WEIGHT

(a) For tuberculosis :

						Tons	Cwts.	Qrs.	Lbs.
Cattle	...	...	...	...	...	23	1	2	13
Calves	...	...	...	...	...	—	—	1	17
Sheep	...	...	...	...	...	—	—	—	—
Pigs	...	...	...	...	...	2	7	0	6
						25	9	0	8

(b) For other conditions :

						Tons	Cwts.	Qrs.	Lbs.
Cattle	...	...	...	...	...	22	2	2	3
Calves	...	...	...	...	...	7	9	2	7
Sheep	...	...	...	...	...	3	14	2	26
Pigs	...	...	...	...	...	4	8	2	7
						37	15	1	15

Particulars of Other Foodstuffs Condemned During 1952

Two hundred and thirty-nine visits were made to food shops and stores for the purpose of examining food and the following amounts of food were condemned as unfit for human consumption. In all cases the food was voluntarily surrendered and the question of legal proceedings did not arise.

Tinned Goods :

			<i>Tins</i>		<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>
Tinned Meat	...	...	498	...	—	17	3	9
Tinned Milk	...	...	295	...	—	2	1	24
Tinned Fish	...	...	160	...	—	—	2	18
Tinned Fruit	...	...	943	...	—	11	0	3
Tinned Vegetables	...	...	308	...	—	3	1	2
Tinned Miscellaneous	...	...	111	...	—	1	0	12
			2315		1	16	1	12

Other Condemned Foodstuffs :

						<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>
Almonds	—	—	3	10
Apricots	—	—	—	5
Bacon	—	1	3	19
Beef	—	—	3	24
Cheese	—	1	1	3
Cod Fillets	—	—	2	0
Flour	—	1	1	0
Fruit, Mixed (dried)	—	—	—	23
Haddock	—	—	1	14
Ham (Cooked)	—	—	1	25
Ham (Raw)	—	—	1	4
Kippers	—	—	—	14
Lamb	—	—	—	5
Mincemeat	—	—	—	12
Puff Pastry	—	—	—	2
Peaches	—	—	1	1
Potatoes (Dehydrated)	—	1	2	7
Rabbits	—	1	3	3
Soyghetti	—	2	2	0
Wafers (Vanilla)	—	2	0	8
Walnuts	—	—	—	20
						—	16	3	3

13 × 2 oz. bars Chocolate ;
6 × 9 oz. cartons Synthetic Cream ;
24 × 5 oz. Jellies ;
2 × 10 oz. jars Pickles ;
10 qts. Shrimps ;
1,152 Chocolate Teacakes.

Inspection of Food Premises

During the year the following number of inspections were made of the various food premises :—

Bakehouses	...	...	...	...	...	...	...	261
Butchers Shops	...	...	...	...	...	...	...	75
Meat Stores, Abattoir, etc.	...	...	...	...	...	...	...	662
Fish Fryers	...	...	...	...	...	...	...	289
Restaurant Kitchens, etc.	...	...	...	...	...	...	...	160
Ice Cream Premises	...	...	...	...	...	...	...	343
Market Stalls	...	...	...	...	...	...	...	5
Other food premises	...	...	...	...	...	...	...	445
Dairies	...	...	...	...	...	...	...	56
Snack Bars, etc.	...	...	...	...	...	...	...	151
Public Houses	...	...	...	...	...	...	...	72

General Observations on Food Premises

Further progress was made during 1952 in the effort to raise standards of hygiene in respect to buildings, equipment and methods.

Sampling and Analysis of Food and Drugs for Adulteration, etc.

The following tables indicate the number and type of samples of food and drugs submitted for analysis during the year.

MILK

Number of Samples Taken			Number of poor quality (not adulterated)	Deficient. Legal proceedings not considered warranted	Obviously Adulterated
Formal	...	117	9	1	—

				Milk Fat	Non-fatty Solids	Water
Average for the year	...	...	...	3.53%	8.52%	87.95%
Legal minimum standards	...	...	...	3.00%	8.50%	88.50%

Analysis of Other Food and Drugs

Samples of the following foods were submitted for analysis during the year :—

Food or Drug						No. of samples Taken	Not Genuine
Almonds, Ground	...	...	...	...	...	1	—
Baking Powder	...	...	...	...	...	2	—
Bicarbonate of Soda	...	...	...	...	...	1	—
Butter	...	...	...	...	...	1	—
Candied Peel	...	...	...	...	...	1	—

<i>Food or Drug</i>						<i>No. of samples Taken</i>	<i>Not Genuine</i>
Coffee and Chicory Essence	...	...	...	...	...	2	—
Coffee Essence of Dandelion	...	...	...	...	...	1	—
Curry Powder	...	...	...	...	...	1	—
Flour, Barley	...	...	...	...	...	1	—
Flour, Self Raising	...	...	...	...	...	1	—
Fruit Pudding Mixture	...	...	...	...	...	1	—
Garden Mint	...	...	...	...	...	1	—
Gelatine	...	...	...	...	...	1	—
Gin	...	...	...	...	...	1	—
Ginger, Ground	...	...	...	...	...	1	—
Gravy Browning	...	...	...	...	...	1	—
Ham and Tongue Paste	...	...	...	...	...	1	—
High Protein Food	...	...	...	...	...	1	—
Honey	...	...	...	...	...	1	—
Ice Cream Powder	...	...	...	...	...	1	—
Jam, Strawberry	...	...	...	...	...	1	—
Jelly, Strawberry	...	...	...	...	...	1	—
Jelly, Raspberry	...	...	...	...	...	1	—
Lard	...	...	...	...	...	1	—
Lemon Curd	...	...	...	...	...	1	—
Lemon Squash	...	...	...	...	...	1	—
Margarine	...	...	...	...	...	1	—
Milk Whipping Compound	...	...	...	...	...	1	—
Mincemeat	...	...	...	...	...	1	—
Nut Mixture	...	...	...	...	...	1	—
Oil, Cooking	...	...	...	...	...	1	—
Orange Squash	...	...	...	...	...	2	—
Pepper, White	...	...	...	...	...	2	—
Rum	...	...	...	...	...	2	—
Salmon and Shrimp Paste	...	...	...	...	...	1	—
Salt	...	...	...	...	...	1	—
Sauce	...	...	...	...	...	1	—
Sausages, Beef	...	...	...	...	...	1	—
Sausages, Pork	...	...	...	...	...	5	—
Shortbread Mixture	...	...	...	...	...	1	—
Stuffing, Sage and Onion	...	...	...	...	...	1	—
Suet, Beef	...	...	...	...	...	1	—
Synthetic Cream	...	...	...	...	...	1	—
Tablets, Aspirin...	...	...	...	...	...	1	—
Tablets, Saccharin	...	...	...	...	...	1	—
Tapioca Dessert...	...	...	...	...	...	1	—
Tea, Blended	...	...	...	...	...	1	—
Tomato Ketchup	...	...	...	...	...	1	—
Vinegar, Malt	...	...	...	...	...	2	—
Whisky	...	...	...	...	...	3	—
						<hr/> 62 <hr/>	<hr/> — <hr/>

Examination of Beer for presence of Lead and Other Metals

Following the Report on Conditions in Licensed Premises issued in 1951, samples of beer were taken from 22 public houses which were known to have lead pipes for the conveyance of beer. Four of these samples were found to contain more than 0·1 part per million of lead, which is the upper limit for toxic impurities proposed in Reports of the Food Standards Committee of the Ministry of Food. The samples were taken as soon as the premises opened in the morning, but after one pint of beer has been drawn off and thrown away.

The result of the examination shows clearly the dangers involved when unsuitable materials are used for the storage or conveyance of food.

The owners of the four houses concerned were notified immediately the results of the analyses were known and were advised to put in pipes of more suitable material.

Out of the 22 public houses which were found to be using lead pipes, 1 has since installed stainless steel, 8 plastic, and 2 plastic and stainless steel combined.

BEER SAMPLES

	Arsenic		Lead		Copper	
	Less than 0·1 ppm.	More than 0·1 ppm.	Less than 0·1 ppm.	More than 0·1 ppm.	Less than 0·1 ppm.	More than 0·1 ppm.
Samples taken — 22	22	—	18	4	22	—

WATER SUPPLY

Sources, Purification and Distribution

No alterations in the source of supply of water were made during the year. The water, which is partly moorland surface water from the Council's own catchment area, and partly from Manchester's Thirlmere supply, is subjected to mechanical filtration and chlorination.

13,696 dwelling houses have an internal piped supply ; 15 have an individual piped supply which is situated in buildings at the rear of the houses ; one block of 7 houses and another block of 3 houses rely on a common standpipe for each block. One house is supplied by a spring, 1 from a stream, and 1 is reliant on rain water. These latter houses are situated in the rural part of the area, and it has not been reasonably practicable to provide a piped supply.

Sampling of Tap Water

Nine samples of tap water from houses were submitted for analysis and 28 for bacteriological examination. The reports, abstracts of which are given in the following tables, indicate that the supply was satisfactory.

EXTRACTS FROM REPORTS ON CHEMICAL EXAMINATION OF TAP WATER

Test		20.2.52	20.2.52	20.2.52	10.6.52	10.6.52	10.6.52	10.6.52	2.7.52	2.7.52	2.7.52
Colour	...	...	Clear and	Clear and	—	—	—	—	Clear and	Clear and	Clear and
Turbidity	...	...	Colourless	Colourless	—	—	—	—	Colourless	Colourless	Colourless
Oxygen Absorbed	...	...	.027	.031	.036	—	—	—	.012	.079	.046
Free and Saline Ammonia	...	Nil	Nil	Nil	Nil	—	—	—	Nil	Nil	Nil
Albuminoid Ammonia	...	Nil	Nil	Nil	Nil	—	—	—	Nil	Nil	Nil
Nitrous Nitrogen	...	Nil	Nil	Nil	Nil	—	—	—	Nil	Nil	Nil
Nitric Nitrogen	...	.044	.035	.040	—	—	—	—	.023	.055	.051
Chlorides	...	1.2	1.1	1.2	—	—	—	—	1.1	1.1	1.1
Hardness, } Temporary	...	0.5	Nil	Nil	—	—	—	—	0.5	Nil	0.5
Clarke's } Permanent	...	3.5	3.5	4.0	—	—	—	—	3.0	4.5	4.0
Method } Total	...	4.0	3.5	4.0	—	—	—	—	3.5	4.5	4.5
Reaction, pH	...	7.2	7.4	8.6	7.1	7.3	7.3	7.3	8.4	7.6	7.4
Solids in solution	...	6.0	6.0	7.0	—	—	—	—	6.0	6.0	7.0
Action on lead	...	Less than .01	Less than .01	Less than .01	—	—	—	—	Less than .01	Less than .01	Less than .01
Lead	...	—	—	—	Nil	Nil	Nil	Nil	—	—	—
Copper	...	—	—	—	Nil	Nil	Nil	Nil	—	—	—
Zinc	...	—	—	—	Nil	Nil	Nil	Nil	—	—	—

EXTRACTS FROM REPORTS ON
BACTERIOLOGICAL EXAMINATION OF TAP WATER

Date	Aerobic micro-organisms growing in yeastral agar	Probable No. of coliform organisms per 100 c.c. of water	Ward sample taken	Re- marks
	In 2 days at 37°C.			
23.1.52 ...	2 2 1	Nil Nil Nil	Queens Scotforth Skerton West	
13.2.52 ...	3 1 3	Nil Nil Nil	St. Annes Queens John o'Gaunt	
12.3.52 ...	1 7 1	Nil Nil Nil	John o'Gaunt Scotforth Castle	
30.4.52 ...	Nil Nil Spreading Growth	Nil Nil Nil	Scotforth Scotforth Skerton West	
14.5.52 ...	Spreading Growth 4 Nil	Nil Nil Nil	Scotforth Queens Skerton East	
2.7.52 ...	Spreading Growth Spreading Growth Spreading Growth	Nil 8 1	Scotforth Scotforth John o'Gaunt	
9.7.52 ...	Nil Nil Nil	Nil Nil Nil	Scotforth John o'Gaunt St. Annes	
13.8.52 ...	20 Small Sp'g Growth 2	25 Nil Nil	Skerton Park St. Annes	
28.8.52 ...	2	Nil	Skerton West	
18.11.52 ...	Nil 2 Nil	Nil Nil Nil	Scotforth Park Scotforth	

BACTERIOLOGICAL EXAMINATION OF
SWIMMING BATH WATER

Thirteen samples of Swimming Bath water were submitted for bacteriological examination and extracts from the reports are given below :—

Date	Aerobic micro-organisms growing in yeastral agar	Probable No. of coliform organisms per 100 c.c. of water	Bath from which sample was taken	Re-marks
	In 2 days at 37°C.			
30.4.52 ...	6 8	Nil Nil	Corp'n Major Plunge Corp'n Minor Plunge	
14.5.52 ...	400 Spreading Growth 3	Nil Nil Nil	Corp'n Minor Plunge Corp'n Major Plunge L.R.G.S.	
2.7.52 ...	10 Spreading Growth 80	Nil 1 1	L.R.G.S. Corp'n Minor Plunge Corp'n Major Plunge	
9.7.52 ...	12 320 Nil	1 Nil Nil	Corp'n Minor Plunge Corp'n Major Plunge L.R.G.S.	
13.8.52 ...	720 500	Nil Nil	Corp'n Minor Plunge Corp'n Major Plunge	

Prevention of Damage by Pests Act, 1949

Details of the premises visited, number found to be infested, and information concerning treatment are given in the following tables :—

SURFACE TREATMENT

	Type of Property				TOTAL
	Local Au- thority (1)	Dwel- ling Houses (2)	Agri- cultural (3)	All other (includg. business premises (4)	
1. Total number of properties in Local Authority's district ...	23	13,315	41	2324	15,703
2. Number of properties inspected by the Local Authority during 1952 as a result of (a) notification (b) survey or otherwise	(a) 2	85	3	43	133
	(b) 18	—	29	675	722
3. Number of properties inspected which were found to be infested by rats	Major 3	—	3	2	8
	Minor —	21	—	43	64
4. Number of properties inspected which were found to be seriously infested by mice	—	8	—	38	46
5. Number of infested properties treated by the Local Authority...	3	29	1	83	116
6. Number of notices served under Section 4 :					
(1) Treatment	—	—	—	—	—
(2) Structural Works (i.e., Proofing)	—	—	—	—	—
7. Number of cases in which default action was taken by the Local Authority following the issue of a notice under Sect'n 4...	—	—	—	—	—
8. Legal proceedings	—	—	—	—	—
9. Number of " block " control schemes carried out	Nil				

SEWER TREATMENT

Total number of manholes in the City : 1405.

Treatment numbers : Nos. 2 and 3.

Dates of treatment: No. 2—7.1.52 to 4.4.52.

No. 3—10.6.52 to 4.10.52.

Bait bases and poisons used: No. 2—Bread mash and arsenious oxide.

No. 3—Sausage rusk and zinc phosphide.

Number of manholes baited : 1342.

Number of manholes showing prebait take : 638.

Number of manholes showing complete prebait take (on one or both days :
110.

Schemes of baiting used (e.g., consecutive days, or 1st, 3rd and 5th days) : Consecutive.

Test baiting : Number of manholes tested—120.

Number of tested manholes showing bait take—6.

Disinfection and Disinfestation of Premises, etc.

Information concerning the disinfection and disinfestation of premises and articles carried out during the year is given in the following tables :—

DISINFECTION (PREMISES)

Premises Disinfected			Single Rooms Disinfected		
No. of Whole Houses	No. of Ships	No. of other Premises	In Houses	In Ships	In other Premises
67	Nil	1	74	Nil	1

DISINFECTION (BOOKS AND OTHER ARTICLES)

Books Disinfected		Other Articles	Articles Destroyed	
Public Library	Private Library		Books	Other Articles
151	6	9	Nil	48

Insect Pest Control

Twenty-three houses, 11 Council owned and 12 others, 21 other premises and 4 single rooms were disinfested by means of liquid insecticides, and 131 vans of furniture were fumigated with HCN during rehousing operations. Fuller information is given in the table below.

Type of premises treated	Type of Infestation						Single Rooms
	Bugs	Fleas	Ants	Cock-roaches	Moths	Others	
Corporation Houses ...	2 9 rooms	4 16rooms	1 2 rooms	—	1 5 rooms	3 18rooms	—
Other Houses ...	10 26rooms	1 2 rooms	—	1 2 rooms	—	1 5 rooms	3
Other Premises...	—	—	5 66rooms	16 77rooms	—	—	1
TOTALS ...	12 35rooms	4 16rooms	6 68rooms	17 78rooms	1 5 rooms	4 23rooms	4

LEGAL PROCEEDINGS

Acts, Byelaws or Regulations under which proceedings were instituted				Offence	Result	Fine	Costs
Food & Drugs Act, 1938, Sec. 3 ...	...	...	}	Selling hot milk containing ex-traneous water	Conviction	10/-	21/-
ditto	...	...			Conviction	10/-	21/-
ditto	...	...			Conviction	10/-	10/6
ditto	...	...			Conviction	10/-	10/6
ditto	...	...			Conviction	10/-	10/6
ditto	...	...			Conviction	20/-	21/-
ditto	...	...			Conviction	10/-	63/-
ditto	...	...			Conviction	10/-	21/-
Public Health Act, 1936, Secs. 92, 93 & 94			}	Various defects in house	Nuisance	—	—
ditto					Order	—	—
ditto					made for	—	—
ditto					21 days	—	—
Public Health Act, 1936, Secs. 39 & 290 ...				Premises in filthy condition	Abatement Order made for 7 days	—	—

SECTION “ E ”

PORT HEALTH

LANCASTER PORT HEALTH AUTHORITY

The use of the port is mainly confined to a small amount of coastal traffic and similar cargo boats from the Continent. In view of this the more elaborate arrangements required in a larger port are not called for here.

Section I - Staff

TABLE A

Name of Officer	Nature of Appointment	Date of Appointment	Qualifications	Any other appointments held
Robert W. Farquhar	Port M.O.H.	1.7.52	B.Sc. (Agri.), M.B., Ch.B., D.P.H.	Divisional M.O.H., Health Division No. 2 M.O.H., Carnforth U.D.C. M.O.H., City of Lancaster M.O.H., Lancaster R.D.C. M.O.H., Lunesdale R.D.C.
Frederick Shaw	Inspector to Port Health Authority	1.12.43	Cert. of R.S.I. & S.I. Joint Board ; D.P.A.; M.R.San.I.; A.M.I.S.E.	Senior Sanitary Inspector, City of Lancaster

Section II - Amount of Shipping Entering the District During the Year

TABLE B

Ships from	Number	Tonnage	Number Inspected		Number of Ships reported as having, or having had during the voyage, infectious disease on board
			By the Medical Officer of Health	By the Sanitary Inspector	
Foreign Ports...	12	3824	2	12	Nil
Coastwise ...	28	4061	—	4	Nil
TOTAL ...	40	7885	2	16	Nil

Section III - Character of Shipping and Trade During the Year

TABLE C

Passenger Traffic	...	...	Number of passengers INWARDS	...	...	Nil
			Number of passengers OUTWARDS	...	...	Nil
Cargo Traffic	...	...	Principal IMPORTS	Corkwaste, Veneers, Lithopone		
			Principal EXPORTS	...	...	Nil
Principal Ports from which ships arrive :—						
			Foreign	...	...	Portugal, France, Holland
			Coastwise	...	...	Clay Ports, Cornwall

Section IV - Inland Barge Traffic

Numbers and tonnage using the district and places served by the traffic	Nil
---	-----	-----	-----	-----	-----	-----	-----	-----	-----

Section V - Water Supply

- (1) Source of supply for (a) the district, and (b) shipping :

City of Lancaster and Fylde Water Board.
- (2) Reports of tests for contamination :

City of Lancaster supply is examined bacteriologically each month for the City purposes.

Section VI - Public Health (Ships) Regulations, 1952

Radio Messages

- (a) Arrangements for sending permission by radio for ships to enter the district. (Regulation 13) ... Seaforth Radio Station
- (b) Arrangements for receiving messages by radio from ships and for acting thereon. (Regulation 14 (1) (a) and (2)).

via Post Office arrangements.

Notifications otherwise than by radio (Regulation 14 (1) (b))

Arrangements for receiving notifications otherwise than by radio and for acting thereon	Nil
---	-----	-----	-----	-----	-----	-----	-----

Mooring Stations (Regulations 22 to 30)

Situation of stations, and any standing directions issued under these Regulations	Nil
---	-----	-----	-----	-----	-----	-----	-----

Arrangements for :—

- (a) Hospital accommodation for infectious disease (other than smallpox —see Section VII) ;

Beaumont Hospital, Lancaster, take all cases except smallpox for which special arrangements have to be made with the Regional Hospital Board.
- (b) Surveillance and follow up of contacts ;

Contacts requiring to be kept under surveillance would be kept on board or accommodated at the Hospital.
- (c) Cleansing and disinfection of ships, persons, clothing and other articles ;

Use of steam disinfector at Beaumont Hospital, Lancaster, and one owned by Morecambe Borough Council.

Appliances and materials are available for the disinfecting of ships which would be done under the supervision of the Port Health Inspector or one of his staff.

Section VII - Smallpox

Name of Isolation Hospital to which smallpox cases are sent from the district :

Cases would be sent to Ainsworth Smallpox Hospital, near Bury.

Arrangements for transport of such cases to that hospital by ambulance, giving the name of the Authority responsible for the ambulance and the vaccinal state of the ambulance crews :

Cases would be conveyed by the Local Authority's Ambulance Service (Health Division No. 2, Lancashire County Council). Ambulance personnel would wear protective clothing and special arrangements would be made for the disinfection of the vehicle and the attendants, etc. Vaccinal state of ambulance personnel at 31.12.52 was as follows :—28 men out of a total of 33 were successfully vaccinated or revaccinated during 1952.

Name(s) of smallpox consultant(s) available :

Dr. D. C. Liddle, Monsall Hospital, Manchester, and others as per Ministry's list of consultants.

Facilities for laboratory diagnosis of smallpox :

The Pathological Laboratory at the Royal Lancaster Infirmary is a recognised laboratory in the list issued by the Public Health Laboratory Service. Specimens of material for diagnosis could be sent either direct to Prof. A. W. Downie at Liverpool, or through the Pathologist at the Royal Lancaster Infirmary.

Section VIII - Venereal Disease

Information as to the location, days and hours of the available facilities for the diagnosis and treatment of venereal disease among merchant seamen under international arrangements, including in-patient treatment and the steps taken to make these facilities known to seamen :

Royal Lancaster Infirmary - V.D. Clinics :—

Monday from 5.00 p.m. onwards.

Friday from 2.00 p.m. onwards.

In-patient treatment

Manchester Regional Hospital Board have allocated 62 beds for this purpose. If in-patient treatment were required the consultant at the Clinic would make the necessary arrangements.

**Section IX - Cases of Notifiable and Other
Infectious Disease on Ships**

TABLE D

Category	Disease	Number of cases during the year		Number of ships concerned
		Passengers	Crew	
Cases landed from ships from foreign ports	—	—	—	—
Cases which have occurred on ships from foreign ports but have been disposed of before arrival... ..	—	—	—	—
Cases landed from other ships ...	—	—	—	—

Section X - Observations on the Recurrence of Malaria in Ships

No cases.

**Section XI - Measures Taken Against Ships
Infected With or Suspected for Plague**

Nil.

Section XII

Measures Against Rodents in Ships from Foreign Ports

- (1) Procedure for inspection of ships for rats :
Port Health Inspector investigates when making his inspection.
- (2) Arrangements for the bacteriological or pathological examination of rodents, with special reference to rodent plague, including the number of rodents sent for examination during the year :
Submitted to Public Health Laboratory Service, Royal Lancaster Infirmary. No. sent for examination — Nil.
- (3) Arrangements in the district for deratting ships, the methods used, and, if done by a commercial contractor, the name of the contractor :
No specific arrangements. If need arose, rodent operators employed by Lancaster City Council might be used, or alternatively, if HCN necessary London Fumigation Co. Ltd., of Manchester would be contacted by telephone.
- (4) Progress in the rat-proofing of ships.

Printed by
BEELEY BROS.,
97, Penny Street,
Lancaster

